

# Integrative Nurse Coaching for Health and Wellness

**Bonney Gulino Schaub, RN, MS, PMHCNS-BC, Susan Luck, RN, MA, HNC, CCN, and Barbara Dossey, PhD, RN, AHN-BC, FAAN**

The profession of nursing and the 3.1 million registered nurses in the United States are key figures, along with the broader community of health care providers, in reenvisioning the way health care is delivered in this country.<sup>1</sup> The Patient Protection and Affordable Care Act (PPACA), which became law in 2010 (H.R. 3590), has generated an enormous amount of debate and scrutiny regarding how health care is provided for in the United States.<sup>2</sup>

The Institute for Health Metrics and Evaluation (IHME) at the University of Washington, in a study that covers the years 1987 to 2007, found that there are large swaths of the United States where life expectancy is either stagnating or decreasing. Girls born today, in one quarter of this country, may live a shorter life than their mothers. The IHME also cited the widening disparity among regions of the country, and the United States as a whole is lagging behind other industrialized countries in life expectancy.<sup>3</sup> The challenges facing our health care system, one that is the most expensive in the world, has brought us to a place of both crisis and opportunity.

According to the Centers for Disease Control and Prevention (CDC), almost half the adult population of the United States—more than 133 million people—are living with at least one chronic disease, including diabetes, cardiovascular disease, obesity, and cancer. This fact accounts for 70% of deaths and 75% of health care costs.<sup>4</sup> The United Health Group, Inc., a leading health insurer, released a report in November 2010 estimating that, by 2020, more than half of all Americans will be prediabetic, or have diabetes. The group estimated that this would be at a cost of \$3.35 trillion to the U.S. health care system, if this trend is not addressed and modified.<sup>5</sup>

## Health and Wellness Coaching

The Samueli Institute, in its Wellness Initiative for the Nation, described a “broken disease treatment system.”<sup>6</sup> The authors of this document called for evolving from a sick care model to a wellness model by greatly expanding the wellness and prevention infrastructure of the system. One of the recommendations called for the education of thousands of full-

time, community-based “health and wellness” coaches to work with patients to stabilize chronic medical conditions, such as diabetes and heart disease, thus, preventing hospitalization and physical decline. This recommendation was written into the PPACA law. Experienced nurses know that the suffering caused by these diseases can be ameliorated or prevented with the implementation of integrative nurse coaching.

An important component in the implementation of this transition in care is a professionalization and standardization of the education and competencies required to fulfill this role. A strong foundation of knowledge and understanding of the broad range of lifestyle and integrative health care strategies will be needed. In addition, familiarity with existing health care systems, practices, and treatments is essential. This need has resulted in meetings, at the national level, with interdisciplinary groups of leaders in the fields of coaching and health care. Drawing from the fields of nursing and nurse coaching, fitness and sports coaching, business coaching, life coaching, wellness coaching, and other fields, a process has been started to define and identify the components of the role of professional coach as well as its educational requirements.<sup>7</sup>

## Recognition of the Nurse Coach Role

Recently, the International Council of Nurses (ICN) partnered with The Honor Society of Nursing, Sigma Theta Tau International in releasing *Coaching in Nursing: An Introduction*. This document emphasizes nursing leadership’s role in creating coaching standards and establishing a relationship between health and wellness coaching and nursing.<sup>8</sup> Several universities are introducing nursing students to coaching skills, such as motivational interviewing and change theories in their curricula.

The role of professional nurse coach is in the process of being recognized as an expanded role within nursing. The Institute of Medicine’s report, *The Future of Nursing: Leading Change, Advancing Health* (in 2010)<sup>9</sup> led to the Robert Wood Johnson Foundation launching an initiative called the Future

of Nursing: Campaign for Action.<sup>10</sup> In a document describing the campaign, the focus was on “interprofessional collaboration as a critical component in fully leveraging the potential of nurses to improve health care delivery.” Another document written by the foundation noted that “interprofessional collaboration is much more than simply two or more health professionals working side by side. It demands recognition of each provider’s unique expertise and a willingness to work together to best meet patient needs.”<sup>11</sup>

A team of nurse coaches, the Professional Nurse Coach Workgroup, has crafted a document, the *Professional Nurse Coach Role: Defining the Scope of Practice and Competencies, 1<sup>st</sup> ed.* (in 2012)<sup>12</sup> The group has partnered with the American Holistic Nurses’ Certification Corporation (AHNCC), a nationally recognized nurse certifying body, in establishing a national certification for registered nurses who are experts in the role of professional nurse coaches. The establishment of this certification will be available this year. Nurse coaches are uniquely positioned to implement this initiative in a timely and effective way because of their presence across the full spectrum of the health care system. They will have immediate access to patients and clients who are already being cared for and supported by nurses, and who trust them as valued providers of care.

## Why a Nurse Coach?

Nurse coaches bring a unique set of education and experience to health and wellness coaching. These experts can understand and monitor laboratory and test results, assess the effects and implications of medications, utilize health-assessment tools to guide future wellness sessions, tailor the health-assessment results to lifestyle challenges, monitor the medical aspects of care, and recognize the specific daily health issues their clients/patients are living with.

There are two other significant factors that favor nurses as coaches: (1) Their clinical expertise enables them to communicate knowledgeably with all other health care providers. (2) Their professional licensing holds them to high standards of care.

Professional nurse coaches are practicing within every sphere of the U.S. health care system and are ideally positioned to take leading roles in both implementing and providing this newly emphasized aspect of patient care.<sup>13,14</sup> Nurse coaches care for individuals in businesses and corporations, in educational settings from kindergartens through universities, and in private practice. Nurse coaches are working as public health nurses, community health care providers, and parish nurses, and work in the full range of ambulatory care.<sup>15–19</sup> Nurse coaches hold positions in governmental regulatory agencies. In addition to their presence in all these areas, these professionals are caring for the full array of patients in oncology,<sup>20–23</sup> cardiology, pediatrics, etc., in acute-care settings, primary care,<sup>24,25</sup> home care, hospice settings, hospitals,<sup>26,27</sup> clinics, and long-term and rehabilitation centers.<sup>28</sup>

## Integrative Nursing Principles

The foundations of the profession of nursing are imbued with integrative principles. Included in this model of care is recognition of the importance of self-awareness and self-care when doing this work. This understanding extends back to the words of the philosophical founder of modern secular nursing, Florence Nightingale (1820–1910).

A visionary nursing theorist and practitioner, Ms. Nightingale wrote:

And how are we to “teach,” every one of us? How are we to teach the poor Patients, and ourselves, and each other? Not by preaching; by example, by *being it ourselves*. . . . How much less can we teach goodness, unselfishness, which is the essence of goodness, except by *being it ourselves!* To sum up: we teach unconsciously that which we are, whether this be good, indifferent, bad. We do not teach what we preach, but what we are.<sup>29</sup>

Peplau, writing in 1952, stated: “Modern nursing is more concerned with ways for helping people stay well. Health has always been the primary goal.” She wrote that nurses were at their best when they were leading people to develop skills for solving their problems. The cultivation of the nurse’s self-awareness and self-knowledge is considered a key component of this collaboration and partnership with the client, because they allow this process to occur free of the nurse’s needs and agendas.<sup>30</sup>

Orem developed a self-care model of nursing in 1953. It held a philosophy of health as a state of wholeness, and identified self-care as a key factor in maintaining human structure and functioning throughout the lifestyle. In this model, the nurse works with a client to help that client identify self-care deficits and then moves forward in assessing the client’s capacity and motivation for change. The relationship is always seen as supporting the process of change.<sup>31</sup>

This model of care is aligned with the nurse coach perspective of collaborating with the patient/client to recognize, value, and engage the strengths the person possesses. To do so, the nurse and client ask: “What are the skills, attitudes, relationships, and beliefs that have resulted in successfully overcoming challenges at other times? What would success look like?”

## The Integrative Nurse Coach Model

Within the general field of professional nurse coaching, the integrative nurse coach (INC) model synthesizes the theoretical and pragmatic frameworks of three highly experienced nursing practitioners and educators. Author Barbara Dossey’s integral model of nursing<sup>32,33</sup> is the philosophical foundation for integrative nurse coaches to assess patients from a bio–psycho–social–spiritual–cultural–environmental (BPSSCE) perspective. This model is discussed in more detail later in this article.

The integrative functional health model (IFHM),<sup>34–36</sup> an adaptation of the functional medicine model for nursing practice, is the second component of integrative nurse coaching. This model was developed by author Susan Luck after 30 years of practice as a nurse coach, educator, and consultant in diverse clinical settings.

Both the integrative functional health and the functional medicine models are anchored in an examination of the core

clinical imbalances that underlie various disease conditions. Imbalances arise as environmental inputs—including diet, nutrients (including air and water), exercise, environmental toxins, stress, and traumas—are processed by one's body–mind through a unique set of genetic predispositions, attitudes, and beliefs. This model views vulnerabilities as part of the human condition and integrates a BPSSCE approach

### Integrative Nurse Coach/ Client Session

Mary's primary care physician referred her to an integrative nurse coach (INC) because she believed Mary had the potential to improve her health with the help of a nurse coach's skills and support. Prior to the first meeting, the physician forwarded the integrative nurse coach clinical information relevant to Mary's health status in preparation for the first meeting and included both her current medications and her list of vitamins. Because the physician had a longstanding collegial relationship with the INC, she knew that the nurse would have an informed understanding of her patient's physical status.

In Mary's initial session, Joanne, an integrative nurse coach, listened deeply to this patient's story. Mary described herself as a 57-year-old woman, uncomfortable in her body, "stressed out," and depressed. She described how she had gained 20 lbs over the past year and had been feeling overwhelmed, because she knew there was a need for her to make changes in her life. She didn't know where to begin. In addition, Mary shared that she was divorced, lived alone, and felt isolated from her grown children who lived several hundred miles away. She expressed that her loneliness was painful, and that now she was also feeling anxiety because her doctor told her she had "metabolic syndrome," and this frightened her although she was not even sure what that meant. Mary said she was advised to meet with Joanne, to help her find a way to explore how she could take better care of herself knowing she is prediabetic, with elevated cholesterol and triglycerides.

In the first session, the nurse coach, understanding Mary's health issues and concerns, asked if she would be willing to fill out an Integrative Health and Wellness Assessment Tool.<sup>®\*</sup> Joanne explained that this assessment tool would serve as an aid in increasing Mary's awareness of her overall sense of physical and emotional well-being. This would then help her to get a sense of what she wanted to initially focus on in their work together.

After filling the form out, Mary said she was a "stress eater." Joanne asked Mary to describe what that meant to her. Mary spoke of her stress at work, her sense of isolation, her frustration, and her low energy as each day went on.

She described how she snacked on carbohydrates and sugars throughout the day and recognized that she did this to maintain her energy. In the evening, she typically ate a large meal followed by dessert and then quickly fell asleep.

After Mary completed filling in her responses to the assessment tool questions, her nurse coach instructed her to "take some time to review your responses and, when you are ready, share what comes up for you."

Mary expressed that she had never developed healthy eating habits and described chaotic meals with her family. She recognized that mealtimes have always triggered stressful eating patterns and overeating. She also said that stress throughout her workday built up; she did not know how to deal with an ongoing conflict with a coworker.

As her nurse coach, Joanne asked Mary if she would like to experience a relaxation technique that might be helpful for her in managing the tensions at work. After determining that Mary would be comfortable closing her eyes in the session, Joanne then guided Mary through a body scan and having her breathe into her abdomen.

When Mary opened her eyes, 5 minutes later, she expressed feeling calmer than she had in months. Joanne then asked Mary if she thought this practice might be something she could do at her desk at work or before she sat down to consume her evening meal. Mary said she thought practicing this exercise during the week would be helpful. She had never done anything like this before and could not believe how differently she felt after such a short time. Mary was asked if this was an attainable and realistic goal, and she immediately responded that she wanted to do it twice a day, once at work and again in the evening before sitting down to eat.

Mary was asked how motivated she felt about making changes in her life and she responded that she was determined to do what she needed to do and added with a smile that she was soon to be a grandmother. Joanne then described the value of keeping a food journal as a way of bringing more awareness to her eating habits. She asked Mary her thoughts about adding this element to her plans for the next week. Mary paused, and then said she wanted to do it, although it might be scary to actually see all that she had eaten—see it all written down on a piece of paper.

Mary was given a food journal form that included listing everything she ate and drank along with portion size, and how what she ate affected her mood and her energy. She was also asked to note any other reactions or symptoms regarding her food intake. In addition, she was asked to note her patterns of eating, any food cravings, and to reflect on food choices. An appointment was made for the following week, and she was encouraged to bring her journal to the next session to discuss what she learned in this process.

Mary continued to keep her food journal and a weekly shopping list. She noticed that her stress eating had diminished along with her sugar cravings once she began to change her food choices. She was feeling her heaviness lifting. She continued to go to the gym, began taking a yoga class weekly, and expressed that she felt she "had her life back."

Mary continued working with her nurse coach for several months until she felt that, with her new support network in place, she was able to manage her life stress with new healthful tools. In the final session, Joanne advised Mary that periodic "check in" coaching sessions were an available option for ongoing support.

\*© 2011. Dossey BM, Luck S, Schaub BG. Nurse Coaching in Health and Wellness. Huntington, NY: INCA Publications, 2012;in press.

to improving the client/patient's resiliency, functioning, and well-being.

The IFHM is grounded in scientific principles and information widely available in current medical and nursing literature. It creates a clinically relevant nursing model for optimizing wellness and disease prevention and for effective clinical management of chronic disease.

The vulnerability model (VM)<sup>37-39</sup> developed by author Bonney Schaub and Richard Schaub, is the third component of the INC approach. This model emerged from their 35 years of practice working with patients and clients, in inpatient, outpatient, rehabilitation, and private practice settings. This model teaches the nurse to recognize any habitual, defensive, fight-flight-freeze reactivity in the patient.

These patterns of response can manifest as resistance to moving forward and making the desired self-care and health-promoting changes. The VM offers a realistic and compassionate framework for understanding and addressing the many ways essential human vulnerability and the concomitant instinctive, physiologic fear responses become intensified when people are challenged by illness and loss. This model also supports transpersonal development as a component of the healing process for people when they are experiencing profound fear and stress.<sup>40</sup>

## Certification Program

The Integrative Nurse Coach Certificate Program is a 6-month program held in New York City. It attracts nurses internationally, from diverse workplace environments, who gather together for an immersion learning experience over 3 4-day "weekends." Nurses are motivated and inspired to bring this integrative perspective into their work environments whether these nurses are within health care systems or in their own private practices. A new student, one who has been a hospice nurse for 15 years, wrote:

One of the parts of hospice nursing I really enjoy is the challenge of meeting . . . patient[s] and family where they are. . . not where I think they should be. I would like to learn more about that same process as a nurse[,] coaching others into health and well-being. I am also heartened by a program taught by nurses for nurses, particularly when the nurses involved in the teaching are long-time leaders in the field of integrative health [statement written on a form regarding the program].

## The Integrative Nurse Coach's Partnership with the Patient

Professional nurse coaching is a systematic and skilled process grounded in scholarly evidence-based professional nursing practice. At the heart of INC is support for the client's healing process as it manifests in body-mind-spirit. Integra-

### For You and Your Patients

#### About Integrative Nurse Coaching

[www.iNurseCoach.com](http://www.iNurseCoach.com)

This website resource for locating professional integrative nurse coaches has been established by the International Nurse Coach Association (INCA). The website will also serve as a resource for information on nurse coaching and integrative nurse coaching, providing information on current relevant research and resources.

tive nurse coaches realize that, by being open and curious and asking powerful questions, the client may be guided in this process, while, at the same time, discover potential choices for determining priorities for change.<sup>35</sup>

To work collaboratively with a patient requires that the nurse trust in the inner healing capacities of the person. It is based on "an understanding that the patient is an interconnected unity and that physical, mental, social, environmental and spiritual factors need to be included in any interventions. The whole is a system that is greater than the sum of its parts."<sup>33</sup>

Recent health care research has been examining the importance of relationship-based care, of listening to the patient's story, of the therapeutic value for the patient to believe that he or she is cared for. Miller and Crabtree asked what relationships and features of these relationships were key to help guide patients toward healing.<sup>41</sup> Scott et al., examined empirically the experience of healing and how it occurs between the care provider and patient. These researchers identified qualities, such as presence and full attention, connecting, empathy, partnering, caring actions, mindfulness, and the patient's experience of "being known" by the physician.<sup>42</sup>

These qualities of care are all essential components of the practice of integrative nurse coaching. For example, in the field of children's health, both in the private sector and in community health, it has been well-established that parents want to be involved in sharing the decision-making process in their children's care. Parents may feel left out of, or disempowered, in this decision-making process. An integrative nurse coach, in establishing a partnership with parents of children with disabilities, or other significant, chronic or longstanding health issues, coaches parents to become more empowered participants in their children's care. The parents may be coached in ways to be more involved in shared decision making with other health care providers, in implementing changes in nutrition, activity, and other components of lifestyle and other individualized strategies for improving their children's health.<sup>43</sup>

Increasingly, research is demonstrating that nutrition and environmental exposures both before and during pregnancy, can influence the health of pregnant women and the health of future generations.<sup>44,45</sup> Integrative nurse coaches—practicing in maternal and child health and working from a functional medicine/functional health model—utilize assessment tools to



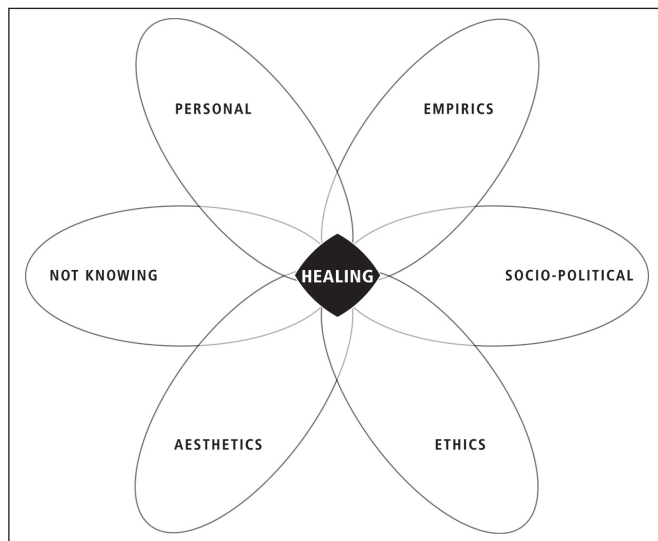


Figure 1. Healing and Patterns of Knowing in Nursing (Personal, Aesthetics, Empirics, Ethics, Not Knowing, Socio-Political). Adapted from Carper BA. Fundamental patterns of knowing in nursing. *Adv Nurse Sci* 1978;1:13–24.

provide environmental and nutritional coaching, and to collaborate with parents in developing strategies to improve the health of their families.

The art and science of integrative nurse coaching offers nurses practicing in all health care settings the opportunity to influence the health of their patients and communities. Within this integrative worldview, there is a unique opportunity to use the expanded capacity to both coach and give expert information, and to discern when to move from one role to the other (nurse). Included within this integrative nurse coach role is the ability of nurses to be advocates, advising patients and families on how to negotiate through the numerous challenges of navigating the health care system.

In addition, integrative nurse coaching fosters an awareness of the transpersonal self, “the self that transcends personal, individual identity and meaning and opens to connecting with purpose, meaning, values, and unitive experiences.”<sup>46</sup> This perspective is woven throughout the approach of integrative nurse coaching and is applied to both the self and to the coaching client/patient interaction with the nurse coach. It recognizes that effective change “evolves from within before it can be maintained externally.”<sup>47</sup> This awareness is always essential, and is of vital importance when dealing with the fact that both nurse and client/patient are bearing witness to suffering and pain as they confront challenging life events and circumstances.

## The Theory of Integral Nursing

Author Barbara Dossey’s theory of integral nursing (TIN) encompasses a broad vision of the art and science of nursing: the integral process; the integral worldview; and the integral perspective of theory in action. The integral process is a comprehensive way to organize many phenomena of human experience and reality in four areas: (1) the in-

dividual interior (personal/intentional); (2) the individual exterior (physiology/behavioral); (3) the collective interior (shared/cultural); and (4) the collective exterior (systems/structures). Stepping back and getting a broad overview of all the components of nursing practice results in seeing a web of interacting elements.

## The Six Patterns of Knowing

In the integral model, these elements are identified as six patterns of knowing, as shown in Figure 1: (1) personal; (2) empirics; (3) aesthetics; (4) ethics; (5) not knowing; and (6) socio-political.

- *Personal knowing* is the dynamic process of cultivating awareness of a sense of wholeness. Mindful, introspective, and expressive practices, such as creative arts, meditation, and reflection, are all ways for the nurse to connect with a genuine experience of inner truth.
- *Empirical knowing* comprises the science of knowing. It includes all the evidence-based practice that is garnered from direct observation, measurement, and verification.
- *Aesthetic knowing* is the art of nursing. This kind of knowing focuses on “how to explore experiences and meaning in life with self or another.”<sup>32</sup> It is a quality of authentic presence that incorporates, among other things, knowledge, experience, instinct, and intuition. This knowing draws from the inner resources and capacities of nurses in their practices.
- *Ethical knowing* is comprised of the moral knowledge that includes valuing and clarifying situations and making moral and ethical decisions and actions that comply within the legally prescribed components of practice.
- *Not knowing* is the willingness to act from a place of healing presence with no preconceived answers or goals to be obtained. It proceeds with an attitude of openness and discovery.
- *Socio-political knowing* recognizes and considers the context within which both the nurse and the patient are operating.

The theory of integral nursing has profound relevance for the integrative nurse coach. Integrative nurse coaches already practice in an enormous diversity of ethnic, religious, multicultural, and socio-economic settings and communities. One of the important attributes of this model is that it does not start from an attitude of being “the expert.” The openness and curiosity and the skillful attention and questioning that are foundational components of integrative nurse coaching communicate respect for the client/patient’s autonomy and self-determination. This allows working from a position of cultural competence. It does not impose preconceived ideas about what is going to promote a client’s health and well-being.<sup>48,49</sup> This expansive model is operationalized within the concepts and methods of integrative nurse coaching.

## Conclusion

Nursing, with its presence throughout the health care system, is recognized as a key profession in the successful implementation of the wellness vision shaping a new model of health care. Integrative nurse coaching, with its strong theoretical foundation and evidence-based, applied clinical foundation, can be an important component in the success of this vision. ■

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**Bonney Gulino Schaub, RN, MS, PMHCNS-BC**, is a co-director of the International Nurse Coach Association, in Huntington, NY, and is a co-director of the Huntington Meditation and Imagery Center, also in Huntington. **Susan Luck, RN, MA, HNC, CCN**, is a co-director of the Integrative Nurse Coach Certificate Program, in Huntington, and is president and founder of the EarthRose Institute, in North Miami, Florida. **Barbara Dossey, PhD, RN, AHN-BC, FAAN**, is a co-director of the International Nurse Coach Association in Huntington, and is the international co-director of the Nightingale Initiative for Global Health, in Ottawa, Ontario, Canada and Washington, DC.

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To order reprints of this article, e-mail Karen Ballen at: [Kballen@liebertpub.com](mailto:Kballen@liebertpub.com) or call (914) 740-2100.